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SIMPSON, LECTURES ON THE DISEASES OF WOMEN, 16 PAGES.

CLINICS.

LECTURE.

Lecture on Cerebral Symptoms independent of Cerebral Disease.—Delivered at the Hospital for Sick Children, Jan. 26, 1861. By CHARLES WEST, M. D., Physician to the Hospital.

GENTLEMEN: When, last year, my colleagues and I had the honour to give a few lectures in this place on some of the ailments peculiarly incidental to early life, I called the attention of those who were present to cases of by no means rare occurrence in which disturbance of the functions of the nervous system was likely to raise an unfounded apprehension of the existence of cerebral disease.

I then passed in review three different classes of cases in which temporary disorder of the brain either attended the onset of fever, or accompanied the progress of acute

inflammation of the thoracic viscera, or was associated with diarrhoea, dysentery, or some other acute affection of the digestive organs.

From want of time, however, I was compelled to leave unnoticed that large and important class in which, during the course of various chronic ailments, symptoms of disturbance of the nervous system give rise to needless apprehension lest they should be taken serious disease of the brain.

It is to these that I propose calling attention to-day; and, if there be among my audience, as perhaps there may, some who have for years been engaged in practice, I must entreat them to bear with me if I tell them nothing more than they have already been taught by their own experience. I could wish, indeed, for no higher commendation, for no more conclusive proof of the usefulness of what I may endeavour to teach to the junior members of our profession,

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than that my compeers and my seniors should have already found it all out for themselves.

The first set of conditions in which I have observed anxiety excited among non-professional persons, and occasionally among medical practitioners also, is when marked impairment of the intellectual powers, or marked alteration in the disposition, follows on convalescence from some serious illness, such illness having usually been of a febrile character, and probably having been typhoid fever more frequently than any other disorder.

Now, with reference to all these cases, it must be borne in mind that the younger the child, and the humbler its acquirements before the attack, the more far reaching will be the apparent results of any such illness. The disorder that befell the child who had not yet learned to speak, will postpone the attempt for months. It will reduce the little prattler, who had used its newly-acquired powers for a few months, to silence for several weeks, while it will manifest its effects in the older child by taciturnity, apathy, and indifference to its ordinary pursuits.

These effects are far more striking in the child than in the adult, not only because a similar impression produces a far deeper influence on the more fragile than on the stronger being, but also because the processes of growth and development, complete in the adult, are still in progress in the child, and after their interruption by disease, provident Nature cares first for the essential—the repair of the body—and does not till afterwards expend her energies in restoring the vigour of the mind.

Moreover, I remember no instance in which typhoid fever, or any other disease of which cerebral disturbance has not constituted a main feature, has been followed by permanent enfeebling of the mind, or by the development of disease of the brain, save indirectly by the production of tuberculosis and the subsequent supervention of tubercular hydrocephalus. It is, then, towards this point that attention should be mainly directed, and if the general nutrition is carried on well, no temporary dulling of the mind, no waywardness of the temper need make you falter in your assurance that time will set all right again.

At various epochs of development, symptoms not unfrequently appear which excite

apprehension of cerebral disease, such symptoms consisting chiefly in altered disposition, in intellectual dullness, in irritable temper; but we shall, I think, usually interpret their meaning rightly by observing two things. They are moral and intellectual, much more than physical, in their nature, and they either coincide with, or follow, some definite stage of bodily development, such as the second dentition, or, in after age, the first efforts at pubescence, while, moreover, they are too variable, both in kind and degree, to tally with the indications of any definite organic disease of the brain itself.

Similar symptoms occur sometimes as the result of overtasking of the mental powers; and this not always by work excessive in itself, but excessive with reference to the then condition of the child, who may at one time be unequal to the amount of work which, a few months before, it was able easily to accomplish. The nature of the child's studies, too, sometimes overtakes its powers even more than the number of hours devoted to them, and, in such circumstances, the mere altering their nature, even though unaccompanied with any diminution in the time occupied by them, will often suffice to set matters completely right.

It is usually in connection with the development of the system which accompanies the second dentition that we meet with the severe neuralgic headaches of dyspeptic children. The history of such cases is usually something of the following kind: A child, whose general health has never been robust, whose nutrition is but imperfect, whose bowels are sluggish, and liver inactive, has occasional attacks of pain in the head; the pain is, for the most part, referred to the forehead, is attended with some intolerance of light, with sense of sickness, and, in some instances, with vomiting. It is usually very severe, so that the child seeks for perfect quiet, for a darkened room, and often asks to go to bed, where the attacks often subside after a short sleep, in the course of a few hours, though sometimes it is not until after a night's rest that they pass away completely. On the day after an attack, however, the child seems in his usual health, though slight over-excitement, over-fatigue, or mental effort will reproduce the pain, as will any error in diet, or want of attention to the state of the bowels. Independently, too, of any exciting cause, the attacks are apt to come on spon-

taneously every fortnight or three weeks, and their frequent recurrence at length excites the apprehension of the relatives of the patient, who cannot believe but that such frequent returns of severe suffering must needs imply the existence of formidable disease.

It is not easy to say how long, in any instance, these symptoms may continue. They are obviously dependent on the state of the general health, with the improvement of which they diminish or altogether disappear. The period of their most common occurrence seems to point to some connection between them, and the general state of the system which accompanies the evolution of the teeth; but they do not seem dependent, as some convulsive affections of infancy and childhood appear to be on the local irritation of one or two teeth in particular, ceasing as they pierce the gum. If I were to seek for an analogy, I should find it rather in that condition of the general health which in the girl at puberty accompanies the difficult and tardy development of the menstrual function, and which improves when that process is complete, and the function fully and regularly established. In confirmation of this view, I may add, that while in the boy it is very unusual to observe this headache occur at the period of puberty, in the female sex the same kind of suffering not seldom recurs at that epoch, and sometimes, as we all know, continues in the woman even during the whole time of sexual activity, each recurring menstrual period being attended by intense headache, with much gastric disorder, though perhaps with little uterine pain, sometimes, indeed, with no pain at all referred to the sexual organs.

Pain in the head, accompanied with more or less intolerance of light, sickness, and constipation, are, as I scarcely need remind you, the symptoms that ordinarily usher in tubercular hydrocephalus; and though the knowledge of the public is inaccurate, they yet have a vague notion that such as these are the ordinary accompaniments of water on the brain, and they will come to you for a solution of their doubts, and a relief of their apprehensions. Now, I confess that, in many instances, the off hand answer which is most desired is impossible; while, unfortunately, there is no infallible criterion by which the caution suggested by wise observation can be distinguished from the hesitation of untaught inexperience. Anyhow,

it is worth while to have impressed on your mind the fact that the symptoms I have just enumerated do not *always* have so grave an import as commonly belongs to them, and that it is worth while to pause in every case before assigning to them their most untoward meaning.

These symptoms are for the most part observed a little later in life than the age at which tubercular hydrocephalus is most frequent, and they usually coincide with the progress of the second dentition. Further, although they are generally observed in children whose digestion has been liable to frequent disorder, and who are comparatively ill nourished, the headaches are not preceded by that progressive loss of flesh or deterioration of the general health, which, in many cases, though confessedly by no means in all, precedes the development of acute hydrocephalus. Moreover, it will often be found that the headaches have continued to recur at intervals for weeks or months before the patient came under your notice, and that yet no progressive deterioration has been taking place in the child's condition, that the headaches are not more intense, that no fresh symptom of cerebral disorder has supervened; but that such as they were months before, such they continue still. The attacks of headache themselves present some characters by which they may be distinguished from those whose import is more formidable. They are not attended with any remarkable increase of heat of head, nor with any marked pulsation of the carotids. The pulse, though quickened, is rarely unequal or irregular; the bowels, though constipated, answer comparatively readily to aperients; actual vomiting is unusual, and the nausea even rarely outlasts the seizure. Stimulants, too, not unfrequently relieve the pain, instead of aggravating it, and though excitement or over fatigue may have brought on the attack, yet a tale that interests or arouses the child, or any occurrence which brings to it much pleasure, often dissipates the pain completely; while, moreover, the spirits in the intervals become as buoyant as ever, and continue so until the next attack, a marked contrast to the anxiety and depression which often precede for weeks or months the onset of the acute stage of tubercular hydrocephalus.

Pure neuralgia, like the neuralgic headache of the adult, though less common than this sick headache, if so I may term it, is

yet sufficiently frequent to need being borne in mind, when the question arises as to the import of symptoms supposed to indicate cerebral disease. The headache in these cases is usually frontal, and care is therefore the more necessary, since there is no doubt but that continued frontal headache is a very frequent accompaniment of organic disease of the brain, and especially of tubercle of that organ. The severity of the pain, the suddenness of its onset, the completeness of its cessation, the fact that its recurrence for days is attended by no progressive deterioration in the patient's condition, all furnish a clue to its real nature. Moreover its supervention after exposure to malaria, and a certain ill-marked periodicity in its return, are circumstances which will serve in many instances, no less than the absence of other signs of disease of the brain to guard against, too hasty, or too positive an expression of an unfavourable prognosis.

There is besides another large class of cases, in which the occurrence, not merely of vague indications of cerebral disorder, but of violent convulsive attacks, excites alarm, proportionate rather to the formidable nature of the symptoms, than to the importance of the cause on which they really depend.

One of the most remarkable instances of this class which I have ever met with, was furnished by a little girl, $6\frac{1}{2}$ years old, who suffered much from ascarides, on account of which she came under my care on September 16, some years ago. She had benefited somewhat by aperient and other treatment, when on the evening of October 7 she complained of pain in the chest; and at eleven in the evening, having then been some hours in bed, she was seized with a fit, which did not entirely cease till two o'clock the next morning, when she fell asleep, and awoke apparently well about seven o'clock. At nine a second fit occurred, which lasted till eleven; and from that time till the afternoon of the eleventh, fits continued to recur, having at no time a longer interval between them than six hours.

The fits were not quite like ordinary epilepsy; they began with slight rolling of the eyes, and twitching of the mouth, to which succeeded very rapid movements of the throat as if in efforts at deglutition, and these movements became soon accompanied by a sound somewhat between that of a sob and a hicough, and not unlike the sob of a

hysterical patient. During this time the pupils became dilated, the pulse feeble, and the child partially insensible, but she never became absolutely so, and complete consciousness returned long before the spasmodic movements ceased, or the convulsive sound in the throat subsided; the child when asked if she was in pain, pointing to her throat. Very active purgation, during which a large quantity of ascarides was expelled, was followed by the cessation of the convulsive attacks; but for nearly thirty-six hours afterwards, the child complained of pain in the throat, and swallowed difficultly and with a sort of convulsive effort.

Now, how formidable soever the symptoms of disorders of the nervous system may be, it is a rule, subject, I think, to but very few exceptions, that the more anomalous such symptoms are, the greater is the probability of their depending not on grave organic disease, but on some excentric and generally removable source of irritation. In infancy we are so aware of this fact, that when convulsions occur, our first impulse always is to seek in some excentric disturbance for their occasion. I think, however, that we are too apt to forget that this peculiar susceptibility continues, to a great degree, through all the years of childhood.

In the case just related, the presence of a large quantity of ascarides produced a succession of violent convulsions, which ceased permanently on their complete expulsion. Sometimes, however, the irritation occasioned by the existence of worms in the intestines has more of an intermittent character coinciding with the movements of the parasite, and subsiding for a time on the expulsion of a lumbricus, or the returning quiescence of the tape-worm.

A little boy, $7\frac{1}{2}$ years old, nervous, excitable, ill-managed, and liable to night-terrors, woke at four o'clock one morning, crying; the cries were soon succeeded by an attack of convulsions, which differed from an ordinary epileptic seizure, it being attended by a less profound degree of insensibility than ordinarily accompanies it. For a few weeks the child continued peculiarly excitable, wayward, and fretful, two more convulsions then occurred, soon after the last of which he voided a large lumbricus. This occurrence was followed by a marked improvement, which lasted for a few weeks. The old symptoms then returned, followed by another convulsion, and then another lum-

bricus was expelled, once more with an amelioration of the symptoms, and a second cessation of the fits. Whether the improvement was permanent, or whether the former symptoms returned, I cannot say, as I lost sight of the patient, but enough has been told of the child's history, to show the connection between the intestinal irritation produced by the worms, and the violent disturbance of the nervous system.

Though I have given these illustrations of nervous symptoms dependent on the presence of worms, and it would not be difficult to add to their number, it yet is not out of place to caution you against assuming the presence of worms merely because such an assumption furnishes you with the readiest clue to the meaning of certain symptoms of cerebral disorder which you do not find it easy at once to account for. I have seen the early stages of acute hydrocephalus referred to worms, just as I have seen the indisposition which ushered in typhus fever referred to them, without the slightest evidence of their existence, but out of mere mental indolence on the part of the practitioner which indisposed him from careful observation or thoughtful consideration, and led him to take up with the hypothesis which served most readily to relieve him from the task of watching and reflection.

When symptoms of cerebral disorder depend on the presence of worms, there has almost always been ample evidence of their existence before the nervous system became gravely disturbed by them. In the few exceptions to this rule it may be asserted almost positively that their appearance will follow nearly at once on the cerebral disorder which awakens our anxiety and the alarm of our patient's friends. Moreover, the observation I have just made as to the influence which the anomalous character of symptoms fairly suggests, may be borne in mind in all doubtful cases with much advantage; and the question deliberately propounded to yourselves, "Of what definite disorder of the brain or nervous system are these symptoms; or in what respects are they anomalous and discrepant?" will often save you from many grave errors and many useless regrets.

We are all so familiar with the occurrence of convulsions during the first dentition, that in infancy the risk is rather of the grave disease to which they are possibly due being overlooked, than of the influence of

teething in their production being underrated. On the other hand, the occasional share of the second dentition in exciting epileptic or other convulsive seizures is too little borne in mind, and a graver prognosis than the event justifies is sometimes expressed in consequence.

In a little work on Dentition¹, published some years ago by my friend and former colleague, Dr. Ashburner, there are many cases related illustrative of this fact. Of these I will select the following:—

"A boy, twelve years of age, was cutting the second or posterior permanent molars of the upper jaw before those of the lower, and the process was accompanied by twitchings of various parts of the body. At last he became affected with chorea. Being a very nervous lad, if any notice were taken of him, he would quite involuntarily make the most extraordinary faces, and contort his body into various attitudes that appeared to be most difficult and painful. This chorea continued for three months, during which time a variety of medicines were swallowed. At last he fell into an epileptic fit, struggling much, foaming at the mouth, and grinding the teeth. I thrust my fore finger along the inside of his cheek, and found a hard, cartilaginous space on each side, behind his first molar tooth. I succeeded in gashing these parts. He uttered a scream and fell out of his fit, becoming quite sensible, nor had he a recurrence of his chorea."

So sudden and complete a cessation of symptoms on the removal of the mechanical irritation produced by the pressure of a tooth is decidedly an unusual occurrence. In by far the greater number of instances, the symptoms of disorder in the nervous system do not admit of being cut short thus suddenly and decisively; they depend not simply on the local irritation produced by one particular tooth, but, like the headaches which I spoke of at the commencement of this lecture, they are the result of the disturbance of the nervous system, to which the whole process of development has given rise, just as, in later life, the hysteria of the young woman is connected with the imperfect accomplishment of the sexual function, and is not removed by a single occurrence of menstruation.

To this class of cases may be referred

¹ On Dentition, etc. 12mo. London, 1834, p. 97.

the history of a boy between eleven and twelve years old, whom I saw some years ago. While, apparently, in good health he was attacked by a fit one morning, in which his head was drawn to the right side. His face was distorted, especially its right side, and his right arm was in much more violent movement than his left. This fit was not preceded nor followed by sleepiness or headache, nor was it attended by any loss of consciousness, and the same characters were observed in all his subsequent seizures except one, which—the third in order of occurrence—was followed by temporary delirium for five or ten minutes. With the exception of the first and third of these attacks, all the others ceased in a minute, and the instant the spasmodic movements subsided, the boy resumed his former occupation, as if nothing had happened. Only once did more than one seizure take place in the course of twenty-four hours; but the intervals between two attacks were very irregular; sometimes eight days had passed without an attack, while, at other times, they recurred daily for three days; and, altogether, between the beginning of July and the end of December, more than fifty occurred, with no alteration of their character or increase in their severity, while neither the boys' health nor his intellect appeared to have suffered in any respect from the affection. One point observed with reference to them—which, I may add, is often noticed in cases of epilepsy—was, that they almost invariably happened soon after rising in the morning, generally between the hours of seven and nine o'clock.

At first, he was actively purged, but with no effect; he then took the valerianate of zinc likewise fruitlessly; and then, as he was cutting the second molar tooth in the right side of the upper jaw, and as there was much tenderness of the gum over it, the gum was freely lanced, and all treatment was suspended. No amendment followed this measure, and the boy was, therefore, put for a time on the nitrate of silver, but with no results.

The idea which had been entertained of the possible connection of the attacks with the process of dentition appeared to me still to be the most probable, and for the following reasons: That, in spite of the continuance of the attacks, there had been no such deterioration in the boy's condition as might have been expected if they had been de-

pendent on cerebral disease; that no impairment of powers over the affected side had followed the attacks, while such an occurrence would have inevitably occurred if the attacks had been dependent on tumour or tubercle in the brain; that headache was completely absent, and all the general functions were perfectly well performed; while, further, the anomalous character of the attacks themselves seemed still further to point to some excentric source of irritation.

On looking into the boy's mouth, the teeth in the upper jaw were observed to be very crowded and overlapping each other; the first molar on the left side was decayed, the second molar was still beneath the gum. I advised the extraction of the decayed tooth, and lancing the gum over the second molar, while all medical treatment besides should be discontinued. Before these measures were adopted, the boy had six consecutive attacks in the course of one day; two of them being very severe, and attended like ordinary epilepsy, with loss of consciousness. The extraction of the decayed tooth was followed by immediate diminution in the convulsive attacks, both in point of frequency and severity, and the improvement lasted for nearly two months. The second molar tooth was then partly through the gum, when a succession of seizures, some of them accompanied with loss of consciousness, once more took place. Free lancing of the gum was succeeded, as before, by immediate improvement, and not only so, but the tooth being now quite through the gum, all spasmodic movements of the arm ceased, and occasional slight twitchings of the face were the only relics of symptoms which had seemed so formidable.

One caution, which this case suggests, I cannot forbear to offer, although it is not immediately connected with the subject of this lecture. It relates to the possibility of attacks of this nature, and still more of those of a more decidedly epileptic character, becoming permanent as the mere result of frequent recurrence, and this quite independently of the existence of any organic mischief in the brain. Thus I have seen instances in which the convulsions that originated in whooping-cough, have outlasted the disease that occasioned them, and the fits which at first were due to some error in diet, reproduced again and again by similar though perhaps smaller indiscretions

in the same respects, until they became at length habitual. Each fit, too, leaves the child more predisposed to its occurrence, and from slighter and still slighter causes; so that never is the old Latin adage, *Obsta principiis*, more important than in the case of the convulsive diseases of early life.

In the majority of cases of chorea no diagnostic difficulty arises; the irregular movements of the limbs, the strange grimaces and gesticulations, sufficiently characterize the disease. Now and then, however, though the movements of the limbs are very slight, or partial, the speech is much affected, and the child, partly, perhaps, in consequence of the difficulty in communicating its ideas, becomes dull, low-spirited, and apparently sullen, and apprehensions are thus excited lest these unusual symptoms should betoken disease of the brain.

A boy, aged 8½ years, whose health had always been delicate, though he had suffered from no special illness, seemed feebler than usual when he returned from school for his Christmas holidays, and his mother's anxiety was excited all the more with reference to his indisposition from the circumstance that his father had died of consumption. In the course of a fortnight from his return home, it was noticed that power over his right hand was much impaired, and three days after, power over his right leg failed also, and his speech became at the same time much affected. The speech grew rapidly more and more unintelligible, the boy stumbled when walking, and occasionally fell, and there were slight twitchings of the muscles of the right arm and leg, though these were at no time remarkable, and the face was never distorted. With the progress of these symptoms, too, the boy, never very quick, had become peculiarly dull and apathetic, so that it was not to be wondered at if the attention of his friends became fixed on those symptoms which were of the gravest import, and were apprehensive lest they should betoken disease of the brain.

Close inquiry, however, elicited facts that seemed to warrant the more hopeful view which the event of the case fully justified. There was no complaint of headache, there had been no sickness; the pulse, though feeble, was not at all irregular; the tongue was protruded straight; the pupils were equally dilated, and equally suscepti-

ble to the influence of light; the movements, which ceased completely during sleep, were unaccompanied by any rigidity or contraction of the muscles of the affected limbs, and close observation discovered that though extremely slight on the left side, the irregular movements did affect both sides of the body. In a week or two more the affection of the left side became quite as marked as that of the right, deglutition, too, as well as speech, became affected, and the anomalous symptoms merged into those characteristic of an ordinary attack of somewhat severe chorea, from which under general tonic treatment the boy recovered, the brightening of his mind preceding, as I have seen it do in other instances, the amendment of the purely choreic symptoms.

I have seen, two or three times, a peculiar spasmodic affection in children which, though I believe it to be of no serious moment, yet has attracted attention, and excited anxiety by its singularity. It consists in the extremely frequent occurrence of involuntary sighing respiration: the child, who seems otherwise in tolerable health, and who follows his usual occupations and amusements, though listlessly and languidly, fetching a deep sigh almost every second or third inspiration, with a most painful and depressing monotony. All day long the sighing continues, ceasing, indeed, at night when sleep is undisturbed, but beginning again in the morning. No external condition appears to check, or indeed much to modify it; it is usually worse when the child has been long without food, but eating does not put a stop to it, and the child sighs, as if most woe-begone, between each few mouthfuls that he takes. Once I saw the sighing followed by a causeless attack of difficult breathing similar to the nervous dyspnoea of a hysterical patient, but usually from beginning to end the sighing continues the only symptom of illness. The attack comes on gradually, and subsides in the same manner. In the instances which I have seen, however, it did not continue for much above ten days with such distinctness as to force itself upon observation, but abated by degrees under the employment of mild tonics, and of attention to the digestion, which usually is more or less disordered.

I have never seen it associated with other symptoms pointing to disorder of the brain,

nor have I known it issue in any graver ailment, but its singularity has excited fears which perhaps this mention of it may serve to allay.

I must not close this lecture without some reference to a very important class of cases, to which, indeed, I hope on a future occasion to call your special attention, where the loss of power over some of the muscles raises the suspicion that the brain is the seat of serious disease. In the adult, we are familiar with the occasional occurrence of partial paralysis, especially of fascial palsy, independently of cerebral disease. We can therefore the more readily understand how a similar occurrence may take place in the more sensitive and delicate frame of the child without any abiding disease of the nervous centres. Those slow processes of disorganization which, affecting the brain, in the adult produce palsy, sometimes of one part, sometimes of another, so that we look on the impaired power of movement as the attendant commonly on some grave disease, and the harbinger of its fatal issue, are of extreme rarity in the child. Tumours, almost invariably tuberculous, within the brain, or disease of the spinal column extending from without inwards, until by its advance the cord itself becomes implicated, are almost the only conditions in which paralysis in childhood depends upon mischief seated in the nervous centres. In the young, the loss of power is indeed uncertain in its issue, as far as the complete recovery of the patient is concerned; it is grievous in its results, for it often leads to permanent deformity; but it is very rarely that it need excite apprehension with reference to life, or health, or intellectual power. In the grown person, the import of paralysis is commonly of the gravest kind, subject, indeed, to exceptions, of which fascial paralysis furnishes the most frequent illustration. We are bound, indeed, to scrutinize each case most carefully; but in the grown person, our inquiry commonly resembles that which the Judge puts to the condemned criminal when he asks him whether he has anything to say why sentence of death should not be passed upon him. In the child, care, too, is needed not to overlook some peculiarity in the case which may attach to the loss of power a worse than its wonted significance; but yet you will do well to remember that life is very rarely threatened by paralysis in early

life; that organic disease is the rare exception, not the ordinary occurrence. It will save you much useless anxiety, and your patient's friends much needless sorrow.

And now, gentlemen, I have done for to-day—a short lecture of fragments of imperfect knowledge, gleaned here and there from an occasional success—oftener still from mistake and failure. Bits of cases, seen once or twice or three times, rarely watched from their beginning to their end, such are the materials out of which a medical experience is formed. Scant materials and an unskilled workman, and so there is formed but an unsightly structure. It is one, however, which, well or ill, each must rear separately for himself, and can in the building appropriate comparatively little of the labours of his predecessors. And yet the large quantity of materials which this Hospital affords remains still, after the lapse of nine years, almost unworked. My colleagues and I may tell something of what we believe that we have learned; but our wish, and the wish of the founders of this Hospital is, that some of the younger members of our Profession would come here and learn more and learn better for themselves. We promise you that in the endeavour no help which we can give shall be wanting.

HOSPITAL NOTES AND GLEANINGS.

Rare and Anomalous Affections of the Nervous System.—Diseases of the nervous system often manifest themselves in what we might almost call so curious a manner, that, in the present state of physiology, the record of them seems more like collecting curiosities than illustrating practice. We must, however, remember that affections—for instance, cases of circus-movement—which, being so rare, were necessarily little studied, and yet so extraordinary that they forcibly claimed attention, have, by the advance of physiology, been made out to depend on definite lesions of certain parts of the nervous system, so that, by experiment, we can produce in animals the phenomena of disease. The writer lately saw a patient, a man, aged 33, under the care of Dr. Kitching, of York, who when placed in the middle of a room would at once begin to turn from right to left, the heel of the left foot being the pivot, and remaining in the same position. He is insane. When led back to his couch, he knelt before it, bury-

ing his head in his hands. His mental defect rendered it very difficult to ascertain the facts of the case very clearly. He says he "is told to do it," which probably is the only language or idea into which his insane mind can translate the necessity under which he feels that he labours. This case will, we believe, be fully reported in this journal.

We recorded, a few months ago, a case under the care of Dr. Brown-Séquard, in which a man being apparently otherwise healthy, applied in order to obtain relief from a constant tendency of his lower jaw to fall, except when he was either talking or eating. Dr. Brown-Séquard mentioned the case of a patient who would now and then involuntarily clasp his hands over his chest.

The following is a case the interpretation of which would, at one time, have presented great difficulties. A man was admitted under the care of Dr. Brown-Séquard who had an accident twenty years before, by which he injured the cervical spine. He had had ever since considerable loss of motor power and hyperæsthesia on the left, and anæsthesia on the right side of the body, the face excepted. A short time ago a patient whose case is somewhat similar, but in whom the paralysis has followed injury by a knife in the cervical region, attended Dr. Brown-Séquard's practice. In this case the various symptoms due to lesions of one lateral half of the cord were most prominently exhibited. On Monday last we saw another case of extreme rarity, i.e., recovery after apoplexy into the spinal cord. The man says that, many years ago, he fell down suddenly insensible, and when he recovered consciousness, about half an hour afterwards, he found that the whole of his body was completely paralyzed, both as to sensation and motion, except above a line drawn round the neck from about the level of the second cervical vertebra. He has gradually recovered, but there still remains sufficient defect of sensation and motor power to confirm his statement of his condition after the fit. We hope to be able to place the details of these interesting cases before our readers.

A patient applied at the Royal London Ophthalmic Hospital lately for paralysis of the third nerve and frontal branch of the ophthalmic division of the fifth nerve. He said that he had frequently a tendency to laugh without cause: he could with difficulty restrain himself, and was in the habit of putting his hand over his mouth to do so.

Dr. Paget, of Cambridge, has recorded a case in which, among many other anomalous symptoms, frequent bursts of unmeaning laughter was a complication of epilepsy. At a late visit to the Hospital for the Epileptic and Paralyzed, we saw a patient of Dr. Ramakill's of whose case the following are brief particulars: a young man, aged 18, of good general health, had a spasmodic drawing in of the fingers and thumb of his left hand, especially when his attention was directed to it, his thumb being firmly contracted on his palm. There was no choreic movement of the rest of the arm. There was no paralysis, and the muscles of the forearm, both extensors and flexors, were very strongly developed, much more so than on the healthy side. It is probably a case analogous to what is called "writers' palsy," or properly, spasm.

On December 1, 1860, we recorded a case from Dr. Brown-Séquard's practice. A man, aged 33, was unable to write, from spasmodic flexion of the thumb. In this case the thumb only was at fault, but at one time the whole of the hand had been affected, just as is now the case in Dr. Ramakill's patient. In both the cases there is a history of former disease of the nervous system. Dr. Ramakill's patient, when very young, had paralysis of the left side of the body, following some kind of fit. He, however, recovered, with the exception of the spasmodic closure of the hand, and that the left leg was not quite so "good" as the right. He appeared, however, to walk well, and his general health was very good.—*Med. Times and Gaz.*, Aug. 3, 1861.

Hamatoma situated over the Symphysis Pubis, attributed to Pressure.—MR. PAGET, in his work on Tumours, under the name of hematoma, describes a sanguineous cyst, characterized by the presence of fluid blood, generally altered in character, and occurring about the neck, the anterior part of the thigh, the leg, the shoulder, and the pubes. An example in the last-named situation is on the eve of discharge from the above hospital, of which the following is a brief history:—

George D—, aged thirty-three, a farrier by occupation, was admitted Feb. 18th, 1861. On Dec. 26th, 1860, he felt some pain over the pubes, and observed that he had a swelling there, which almost incapacitated him from work. He is in the habit, in the pur-

suance of his avocation, of having a horse's leg between his own, and commonly there is much pressure exercised against the pubic symphysis, and occasionally he receives some smart blows there during the struggling efforts of the horse at the time of being shod. On his admission, the nature of the tumour seemed doubtful; it had a sort of semi-fluctuating feel, and in some respects simulated malignancy. Mr. Erichsen made a puncture in it at the latter end of April, and found that the tumour was a cyst containing nothing but coagulated blood. This did not suppurate, but gradually became absorbed; by the 1st of May it had wholly disappeared, and the patient was shortly after discharged quite well.

He was readmitted on the 5th of July, not for the pubic tumour, but for pain in the pubes, shooting backwards through the body, and running down the thigh. There was a little fulness in the situation of the old sanguineous cyst, but this was now attributable to some thickening of the areolar structures, the result no doubt, of the continued pressure sustained in his vocation. A few days' rest and quiet, without any special treatment, have removed the pains complained of, and he is about to be discharged a second time from the hospital.

The formation of these sanguineous cysts, according to Mr. Paget, occurs in three ways: by hemorrhage into a previously existing cyst, by the transformation of a nœvus, and by the obliteration of a vein, which becomes dilated into a cyst. In the present instance, the formation of the hæmatoma may be attributed to either the first or the third; the first seems the more probable, for the effects of pressure may have caused a bursal cyst to grow, which, by a blow or otherwise, became sanguineous. When hæmatoma attains to anything like considerable magnitude, it is very liable to be mistaken for medullary carcinoma.—*Lancet*, July 20th, 1861.

Tetanoid Symptoms in a Case of Aural Disease.—If the tetanoid symptoms which suddenly supervened in the following case were the consequence of an exacerbation of the aural symptoms, chronic since childhood, then it must be regarded as an almost unique example of complicated aural disease; for on looking over the records of aural surgery, we cannot find that opisthotonos has followed otitis with profuse dis-

charge from the ears. Most probably the coexistence of the tetanoid and aural diseases was a mere coincidence. The case, however, possesses some interest from the readiness with which the opisthotonos subsided on the exhibition of purgative remedies.

For the following short notes we are indebted to Mr. Chas. J. Meyers, clinical clerk:—

John P.—, aged twenty-four years, was admitted into Charing-Cross Hospital under Dr. Willshire on the night of the 28th of April, with tetanic symptoms. It appears that when a child he had an attack of scarlatina, and during its progress tenderness of and discharge from both ears occurred. The subsidence of the fever brought no relief from the aural trouble, which has continued in a chronic form until the present period, the general result being that he has been brought up almost like a deaf mute. He complains now of pain, great tenderness, and copious purulent discharge from both ears, accompanied by almost entire loss of hearing. A few hours before admission he ran wildly into the room, attempted to strangle his mother, and betrayed other symptoms of nervous derangement, which at length passed into tetanus. While in the hospital, opisthotonos continued for three hours with but little intermission. A drop of croton oil and an emetic were given; a blister also was placed upon the nape of the neck.

April 29th. The spasms have abated; but he complains of general uneasiness of the spine, especially of its cervical portion. The ears still discharge matter, and are painful. To take a pill directly, composed of a drop of croton oil, and five grains of the extract of colocynth.

30th. The spine continues painful; but he has not had any return of the tetanus. The tongue is whitish, and the bowels relaxed. To have an ounce of the nitrate of potass mixture three times a day. The head is to be shaved.

May 14th. The patient has gradually improved up to the present time, and has been able to walk out the whole of the last week. The ears are less painful; but he is as deaf as before. He left the hospital to-day.—*Ibid.*, June 29.

Strangulated Hernia reduced by Taxis, under Chloroform.—N. D., a man, aged 64,

was admitted into Guy's Hospital on April 26, with strangulated umbilical hernia of three days' standing. He had been the subject of a hernia for fifteen years, and had worn a belt. The hernia was, however, irreducible, and when admitted was about the size of three fists, the symptoms having evidently been produced by the descent of a fresh portion of intestine. The taxis had been employed prior to his admission, and had failed. Mr. Bryant was immediately sent for, as the symptoms were most urgent, a quantity of dark coffee-ground material being constantly brought up.

Chloroform was at once given, and the patient was brought completely under its influence, when Mr. Bryant rapidly reduced the hernia by the gentlest manipulative efforts.

Upon the same day, and following in succession, a second case of strangulated hernia was treated by the same surgeon in the same manner, and with equal success. It was in the case of a man, aged 74, who had had a hernia in his right side for fourteen years, and had worn a truss until a few days previously. The bowel came down three days before admission, and had immediately become strangulated. Taxis had been tried, and had failed; and as the symptoms were urgent, Mr. Bryant's assistance was called for. When he saw the patient, a small but tense bubonocoele was found in the right groin. As the taxis had been tried unsuccessfully, chloroform was at once given, and when it had taken its full effect the taxis was resorted to, by which means the reduction of the hernia was accomplished by the gentlest force.

The two cases, Mr. Bryant remarks, well illustrate the value of chloroform as a primary remedial agent in strangulated hernia.—*Med. Times and Gaz.*, Aug. 3, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Ovariectomy in a Woman Seventy-five years of age.—Drs. E. P. & Wm. C. BENNETT, of Danbury, Conn., record (*American Med. Times*, Aug. 10, 1861) a case of multilocular ovarian tumour in a female 75 years of age, which they have successfully treated by operation. "I made" says Dr. E. P. Bennett, "as I usually do, a small incision not over two inches in length,

and exposed the sac, which I punctured with a trocar, and discharged its contents. I then passed a strong thread through this portion of the sac, drew it out until another cyst presented itself, which I also proceeded to puncture, and so continued, until I emptied seven or eight sacs of considerable size, when I succeeded in drawing it all out, tied it with a double ligature, and cut it off. I closed the wound with the silver suture, and dressed in the usual manner. She has recovered without any mishap, and is now able to walk about, enjoys her food, and is in all respects comfortable and happy. The fatal error, in my opinion, in regard to this operation, consists in surgeons still continuing to make large incisions through the peritoneum, and handling too roughly the abdominal viscera.

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List of Candidates who have passed their Examination as Assistant Surgeons in the U. S. Army, arranged in the order of merit.—The following is the relative merit roll of approved candidates examined by the Army Medical Board to July 16, inclusive:—

1. Joseph Janvier Woodward, Philadelphia.
2. Edward Swift Dunster, New York City.
3. Elias Joseph Marsh, Elizabeth, New Jersey, Third regiment New Jersey volunteers.
4. Robert Fulton Weir, New York City, Twelfth regiment volunteers.
5. Thomas Chalmers Brainard, Philadelphia.
6. Morris Joseph Asch, Philadelphia.
7. Henry Sailor Schell, Philadelphia.
8. Charles Knickerbocker Fenne, Buffalo, N. Y.
9. Joseph Engles Semple, New York City.
10. William Henry Forwood, Chester, Pa.
11. James Henry Pooley, Dobbs' Ferry, N. Y.
12. Ely McClellan, Philadelphia.
13. Charles Archibald McCall, Philadelphia.
14. Samuel Appleton Storrow, Washington, D. C.
15. John Chamberlain Clark Downing, Georgetown, D. C.
16. William Dilts Wolverton, Stockton, N. J.
17. James Forest Kennedy, Iowa.

18. John Joseph Butler, Washington.
 19. Wm. Richardson Ramsey, Norristown, Pa.
 20. Thomas Henry Pelsby, Baltimore, Md.
 21. Albert Hartsuff, Unadilla, Mich.
 22. Charles Ravencroft Greenleaf, Ohio.
 23. Grove Spooner Beardsley, declined appointment, Oneida, N. Y.
 24. Philip Adolphus, Baltimore, Md.
 25. Andrew James Baxter, Cincinnati, Ohio.
 26. Bolivar Knickerbocker, Philadelphia.
 27. Lewis Mathew Eastman, Baltimore, Md.
 28. Johnson Van Dyke Middleton, Baltimore, Md.
 29. William Thompson, Philadelphia.
- CHAS. McDUGALL, *Surgeon U. S. Army, President Medical Board.*
WM. J. SLOAN, *Surgeon and Recorder.*

Medical Appointments in the United States Army.—By a general order issued on the 20th of August, the following gentlemen have been appointed Brigade Surgeons, to date from Aug. 3d, 1861.

- George H. Lyman, of Massachusetts.
F. H. Hamilton, of New York.
Henry S. Hewitt, of New York.
J. H. Brinton, of Pennsylvania.
John A. Lydell, of New York.
John C. Dalton, jr., of New York.
George Suckley, of New York.
Henry Bryant, of Massachusetts.
P. W. Ellsworth, of Connecticut.
Luther V. Bell, of Massachusetts.
S. W. Gross, of Pennsylvania.
David Prince, of Illinois.
A. H. Hoff, of New York.
W. H. Church, of New York.
Joseph W. Freer, of Illinois.
Rufus H. Gilbert, of New York.
J. E. Quidor, of New Jersey.
Charles McMillin, of New York.
Charles O'Leary, of Ohio.
J. G. F. Holston, of District of Columbia.
A. B. Campbell, of Pennsylvania.
J. V. Z. Blaney, of Illinois.
Thomas Sim, of Illinois.
J. S. Bobbs, of Indiana.
Peter Pineo, of Massachusetts.
Wm. E. Waters, of District of Columbia.
O. Marin, of Massachusetts.
J. H. Banch, of Illinois.
William B. Stewart, of Indiana.
N. R. Derby, of Pennsylvania.

- Daniel McRuer, of Maine.
S. R. Haven, of Illinois.
A. E. Stocker, of Pennsylvania.
J. Owen, of Pennsylvania.
W. C. Thompson, of Indiana.
James King, of Pennsylvania.
T. Rush Spencer, of New York.
Also to date from August 5th:—
J. D. Robinson, of Ohio.
William Glendennin, of Ohio.
George G. Shumard, of Ohio.

Medical Department of Pennsylvania College, Philadelphia.—All the members of the Faculty of this department of Pennsylvania College have resigned their chairs. The reason assigned is a disagreement between the Faculty and the Board of Trustees of the Department (controlling the College Building), in regard to the expenses of the institution, in view of the expected reduction of the medical classes during the war.

Buffalo Medical and Surgical Journal and Reporter.—This is the title of a new journal, the first number of which was issued last month (August). It is edited by Dr. JULIUS F. MINER, and is to appear monthly. The first number is a creditable one, and the editor evinces uncommon courage in entering upon his enterprise at such an unpropitious period.

The Physician's Visiting List, Diary, and Book of Engagements for 1862.—Messrs. Lindsay & Blakiston, have already issued this highly useful and convenient publication.

Renunciation of Homœopathy.—The following letter, addressed to the editor of the *American Medical Times*, by Dr. John C. PETERS, long the chief editor of the *North American Journal of Homœopathy*, author of several books on homœopathic practice, and the recognized leader of that school in the United States, cannot fail to attract attention. It will be perceived that the author renounces the doctrines he has hitherto professed, and deals a fatal blow at that most absurd and flimsy system of charlatantry.

"SIR: I wish to put on record in your pages, not only that I have long since resigned all connection with any and every sectarian medical society and publication,

but that I now most distinctly do not believe or practise according to any one medical dogma or exclusive system. I have repeatedly been on the point of making this declaration public in some regular medical journal, as it is well known that I have often done in private conversation and in homœopathic periodicals; but frequently the pressing demands of the sick have not left me time, and at other times I have been deterred by the urgent entreaties of friends, backed by that natural repugnance which every one has to publicly acknowledge a change of opinion.

"In simple justice to myself I will beg your indulgence to a short statement of my connection with homœopathy. When a mere schoolboy, between twelve and fourteen years of age, and now I am forty-one, I was personally under the care of an aged and accomplished physician, Dr Freytag, of Bethlehem, Penn. On my return from boarding-school to this my native city, I found many of my nearest relatives under the treatment of Drs. Gram and Gray. Thus, both in Pennsylvania and here I was early thrown in contact with many and earnest converts to homœopathy. A short time spent in a wholesale drug store opened my eyes to the immense amount of adulterated, spoiled, and poor drugs and medicines which were then and perhaps are now sold. Not a few of my dearest relatives had not been saved from agonizing death, and some were still suffering with varieties of the most distressing forms of chronic disease, which had not been averted by all the devotion and skill of many of the most accomplished physicians of the dominant school. I commenced the study of medicine under the impression and with the fervent hope that homœopathy, in its future and rational development, would supply all that was deficient in medicine; but all my natural instincts ever have been, and ever will be opposed to all bigoted exclusiveness and one-idealism in religion, politics, science, and my much loved profession. As far as lay in my power, I have never been unmindful for a day, from the commencement of my career as a medical student and practitioner, of the numerous and brilliant advances in regular medicine which have been constantly progressing both in this country and abroad. I must say that I never have been a convert to the use of infinitesimal doses; they have been so repug-

nant to every fraction of common sense which I possess, that I have always felt absolutely degraded when making what I conceived to be necessary trials with them. I have always felt that I was doing something foolish or wrong when giving them; that I was dealing with quantities so minute and so powerless that it would be trifling with the lives of my friends and patients to depend upon them in serious cases, and with their time and comfort in milder attacks. I knew full well that Hahnemann had performed all his first cures with tangible doses, and had cited numerous instances from reliable medical authorities, in which apparently homœopathic cures had been effected with not unreasonably small doses. I determined to commence where he commenced, and if beaten back to the use of infinitesimal doses, would reluctantly but at the same time decidedly follow the results of my experience. I have never felt myself obliged to fall back upon infinitesimal doses; but, on the contrary, have been more and more successful in strict proportion as I gradually increased upon the very small quantities which I first used, and in proportion as I departed from a slavish adherence to one system of medicine. The reports of others, both physicians and laymen, frequently led me to make careful trials of infinitesimal doses in various cases, but never with satisfactory success; while many extraordinary instances of recovery from distress and sickness in which no medicine had been given, and numerous consultations to which I was called by homœopathic physicians, in which severe disease had gone on unchecked by these powerless agents, more and more convinced me that they were irrational and unsafe.

"A careful study of the homœopathic materia medica, early convinced me that it was very visionary and unreliable. I laboured long and zealously to do my share towards giving it a more practical and common sense shape.

"The dogma, *similia similibus curantur*, was long a stumbling-block to me; it seemed so utterly opposed to reason, that it was often with difficulty that I could force myself to practise according to it. But, many years ago, I hit upon an explanation which was, and is still, perfectly satisfactory to me. It is self-evident that, in order to cure any disease, a state *different* from that presented by the disease must be brought about; hence a curative drug must either primarily

or secondarily exert an *alterative* action; that is, if we leave mere revulsive effects out of the argument for the present. Similarity is not identity, but a similar thing, although it resembles somewhat, or even strongly, also *differs* somewhat, and even greatly. Hence, a drug which acts similar to the action of any given disease, also differs somewhat in its action, and ultimately may exert an *alterative* effect. Similarity is a hybrid consisting of a great or greater degree of resemblance, coupled with a less or lesser amount of difference; in fact, similarity may be defined as a *slight degree of difference*, quite as well as interpreting it as a great degree of resemblance. Hence, the homœopathic law is *only an apparent and fragmentary truth*, not a complete exhaustive law. It is a fragment of the great law, *differentia differentii curantur, seu alterantia alterantiis curantur*, of which in its form the old established law, *contraria contrariis curantur*, is another fragment. For opposite or antagonistic things are such as *differ* in the greatest degree; while similar things are merely such as *differ* in the least, or a lesser degree, or in certain particulars; while in others, they may be *essentially different*. Identity excludes the idea of difference, while similarity may include only the idea of casual likeness. Upon these ideas or principles I have long thought, studied, and practised, and have gradually become more and more convinced that the homœopathic is only a partially, or even only an apparently true law; a mere fragment of the greater law of alterative antagonistic action which has been practised upon for ages.

"The immense advances which have been made in the regular school in pathological anatomy, diagnosis, microscopical and chemical investigation, in auscultation and percussion, in the use of the speculum and ophthalmoscope, and in the use of ether and chloroform, necessarily force every student of medicine to give the larger portion of his attention to the publications of the dominant school. I have long endeavoured to force these tangible, practical, and essential advances upon the attention of the homœopathic school, and laboured almost in vain to convince the fraternity that the healing art is so far from having attained a state of perfection that no school has a right wholly to despise and reject the other, and that a wholly derogatory estimation of every other

method than their own is not a necessary consequence of their adherence to the latter. Hence, I must prefer the greater to the lesser truth, and however painfully and reluctantly, must endeavour to cast my lot with other friends, other theories, and other practice.

"But the homœopaths have discovered some new remedies, and renewed the use of many forgotten old ones. If consistent with the object of your periodical, at some future time I will furnish short articles on the use of *ignatia, cocculus, pulsatilla, agericus, hamamelis, cannabis sativa, euphrasia*, and other remedies, simply premising that it is not at all necessary to use them in infinitesimal doses, nor always according to the homœopathic law." * * *

"Yours, &c., J. C. PETERS, M. D."

FOREIGN INTELLIGENCE.

Iodine in Tubercular Meningitis.—Dr. BOURROUSSE, at the conclusion of a long memoir laid before the Académie de Médecine, states: 1. All, or almost all, cases of tubercular meningitis, which have resisted hitherto all therapeutical procedures may now be deemed curable. 2. One or two hundred thousand infants will owe their lives each year to the employment of iodide of potassium in acute hydrocephalus. 3. This meningeal affection is the only tubercular disease which has been rendered curable, and this success will probably lead to amendment in the mode of treating other forms of tuberculization.—*Moniteur des Sciences Méd.*, No. 73.

Arseniate of Soda in Scrofula.—Of all the various agents employed in treating scrofula, M. Bouchut has found the arseniate of soda the most efficacious and energetic. Arsenic, in fact, is one of the best of our tonics, and it is a powerful succedaneum of iron, quinine, or cod-liver oil, and for this reason it is efficacious in most organic and nervous cachexiæ when the resulting disorders have not become too considerable or too inveterate. In scrofulous cachexia it is an excellent remedy, children under its influence generally recovering their strength, colour, and appetite. But this is only an amelioration, for in cases in which it effects

a cure the cachectic state has not yet been attained, and the local manifestation is confined to the skin, mucous membranes, and the glands. Beyond these, in diseases of bone and in tuberculosis it is only a good palliative. In scrofulous coryza, ulceration of the skin, suppurative adenitis, otorrhœa, leucorrhœa, or perforations of the velum, the relief obtained is prompt. It may be given with quinine or in simple syrup, and M. Bouchut recommends doses of $\frac{1}{60}$ grain of arsenic to commence with, gradually augmenting the quantity.—*Ibid.*, from *Bull. de Therap.*, vol. lix.

Formula for the Administration of Chloroform, Ether, Turpentine, Camphor, or Essential Oils.—M. VEE recommends the following as a valuable means for the equable administration of these medicinal substances: Chloroform (or any of the above), 4 parts (or less); oil of sweet almonds, 15 parts; powdered gum arabic, 10 parts; water, 100 parts; syrup, 25 parts. The chloroform is to be dissolved in the oil, and rapidly emulsified, to prevent evaporation. *Syrup of Chloroform* may be well prepared by the following formula: 10 parts by weight of chloroform are to be dissolved in 60 of oil of sweet almonds, 40 parts of gum added, and an emulsion formed with 350 parts of water. In this cold emulsion, placed in a close vessel, 540 parts of sugar are to be dissolved. It is a very stable syrup, rendering water white on admixture with it, and it contains exactly one-hundredth of its weight of chloroform.—*Med. Times and Gaz.*, June 8, from *L'Union Méd.*, No. 49.

Re-vaccination of the Prussian Army in 1860.—During the year 1860, 69,096 individuals were either vaccinated or re-vaccinated. Of this number, 57,525 exhibited distinct cicatrices, from former vaccinations, and 7420 indistinct cicatrices, while 4151 showed no marks at all. The vaccination went through its regular course in 44,193, was irregular in 8256, and was without result in 16,647. These last, vaccinated again, gave 5577 examples of success and 11,650 failures. During the year there occurred among the above soldiers who were successfully re-vaccinated, and others who had been so in former years, six cases of varicella and one of varioloid, but no case of variola was met with. Thus, during the year 1860, of 69,096 re-vaccinations, 49,770 proved suc-

cessful, i. e., 72 per cent. In the entire army there occurred 44 cases of pock during 1860—viz., 17 varicella, 23 varioloid, and 4 variola. Of these, 3 of the cases of varicella, 14 of varioloid, and 3 of variola occurred in persons who had not been re-vaccinated; 8 of varicella, 8 of varioloid, and 1 of variola occurred in those who had been re-vaccinated without effect; and the remaining 7, as stated above, occurred in those who had been re-vaccinated with success. Three of the cases of variola died.—*Med. Times and Gaz.*, July 6, 1861, from *Preuss. Med. Zeitung.*, 1861, No. 13.

Longevity in France.—The average number of persons who die annually, in France, at the age of 100 and upwards, is 148. The longevity is mostly attained in the mountainous departments; but the department of the Seine furnishes a fair share. There does not appear to be any direct relation between the number of cases of great longevity and the average duration of life in the several departments.

Statistics of the Blind.—There are upwards of 22,000 persons in England and Wales who are blind. Taking the whole population of Great Britain, there is about 1 blind person in every 979; in England and Wales, 1 in 979; in Scotland, 1 in 960; and in the Channel Islands and the Isle of Man, 1 in 830. It is thus seen that, in proportion, there is less blindness in England and Wales than in Scotland; and much less in Scotland than in the Channel Islands. In Ireland the proportion of blind is 1 in 864 inhabitants. In the level portions of Europe—comprising Belgium, Hanover, parts of Germany, and the plains of Lombardy and Denmark—the proportion is stated to be 1 blind in every 950 inhabitants, but slightly differing from the average of Great Britain. In elevated regions the proportion is considerably lower; but in Norway the proportion is 1 in every 423 inhabitants. In those localities in which the largest number of old men and women are living there will be found the largest proportion of blind; and an examination of the tables of the ages of the people shows that this is the case up to a certain age. The blind to 100,000 of the living at eighty years of age and upward in Hereford, is 2019; Cornwall, 3120; Devon, 2942; Dorset, 2800; Somerset, 1887; Wilts, 1705; York-

shire (West Riding), 2002.—*Lancet*, Aug. 3, 1861.

Illegitimacy in Bavaria.—It appears from Hormann's statistics of Bavaria that during the 9 years from 1835-44, there were born 1,094,795 legitimate and 288,441 illegitimate children, that is 209 of the latter to every 1000 of the former; and that in the seven years from 1851-57, there were 210 illegitimate births in every thousand.

Duty of a Physician to the Public in a Case of Poisoning.—M. TARDIEU, treating of this important question in Medical Deontology in his lectures on Medical Jurisprudence at the faculty, communicated to his auditors a letter written by Lamennais to Dr. Pierquin, of Montpellier: "You have done me the honour of asking my opinion on the question, 'Is a practitioner who perceives that a patient to whom he has been called has been poisoned, under the moral obligation of declaring his well-founded opinion to the authorities?' Without doubt, in many cases, a mere private person is not obliged to reveal to the authorities a crime of the certain existence of which he is aware, and sometimes charity may even render it a duty on his part to observe silence. But is this the case with the medical practitioner? On the contrary, is he not in an essentially different position! The physician is a public man, and he has special duties towards society which ensue from his very function, and he should advertise it of the crimes which he alone is in a condition to discover and bring home, otherwise these crimes, which are always amongst the most heinous, would never be known except by some extraordinary contingency, especially now when the art of poisoning has made such fearful progress, and when crime seems to have taken refuge in the bosoms of families, destroying all security of life. The confessor is compelled to secrecy for other reasons. It is almost always the criminal who comes to him, and his conscience is a sanctuary he cannot leave. But the physician who discovers that which, so far from being confessed to him, is sought to be hidden from him, has two duties to perform—one towards his patient, and the other towards society, whose minister he is on this occasion; and if, as cannot be doubted, he ought to advertise the magistrate when a disease exhibits

alarming signs of contagion, how much more is he called upon to reveal that which implicates not some person only, but society itself!" The *Union Médicale*, while adhering to the above doctrine, cautions its readers that excessive care and circumspection should be employed before making any spontaneous declaration of the kind. Mere doubts are not to be revealed, these requiring first to be converted into a settled conviction and a commencement of certainty. —*Med. Times and Gaz.*, July 6, 1861.

Wholesale Poisoning.—Sixteen children, between the ages of 3 and 4 years, were recently poisoned at Bristol, England, by eating some nuts which were unloaded from a ship at the quay. The nuts were intended for the use of a glue manufacturer. Twelve of the children recovered, but four remained for some time in a precarious state. It appears that several children lost their lives two years ago, at the same city, in the same manner.

New French Ambulance.—This ambulance is an omnibus-shaped vehicle, to be drawn by two or more horses; weighing some twelve hundred pounds, but constructed in such a manner that it may be easily detached, separated in several pieces in the interior, the most important portion easily carried by several men. The interior is, when fully standing, a row of beds, carrying six or eight men with great ease, but when crowded, may be forced to transport three times that number. Each bed is a "field stretcher," or portable cot, which takes the wounded man from the field, and without any fatiguing change, places him in this portable hospital. An India-rubber bath is also attached.—*British Med. Journ.*, June 22, 1861.

Acephalous Monster.—A monster of this kind was born at the Paris Maternity on the 19th of April last. The peculiarity consisted in a small tumour, situated on the vertex, which ended in a membranous band connected with the fetal aspect of the placenta, and ending in a second band, which encircled and had partly amputated the left leg a little above the ankle-joint. The child, of the female sex, was born alive, and lived five hours. It had taken the breast, had expelled the meconium, and passed urine.—*Ibid.*